

**Mail Registrations To:**

**Woodstock Recreation  
Department  
415 Route 169  
Woodstock, CT 06281**

**Or place in drop box at  
town hall.**



**2022 Season**



**Location: Woodstock Middle  
School, 147 Route 169**

**Grade K: 8:00 – 8:30 am  
Grade 1: 8:30 – 9:15 am  
Grade 2: 9:15 – 10:15 am  
Grade 3: 10:15 – 11:15 am  
Grade 4: 11:15 – 12:15 pm**

**REGISTRATION FORM  
Grades K-4<sup>th</sup>**

**Woodstock Youth Basketball**

**Saturdays: January 8, 15, 22, 29 \* February 5, 12, 26 \* March 5**

**In the event of inclement weather, make-up dates may not be available due to limited use of gym.**

**Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Boys \_\_\_\_ Girls \_\_\_\_**

**Address \_\_\_\_\_ Phone \_\_\_\_\_**

**Please circle shirt size: Youth (Y) small Y medium Y large Y XL Adult (A) small A medium A large A XL**

**E-mail Address: \_\_\_\_\_**

**Emergency Contact/ Phone: \_\_\_\_\_**

**Cost: \$50.00 for 1<sup>st</sup> child, \$45.00 for 2<sup>nd</sup> child, \$25.00 for each additional child in same family.**

**Disclaimer:** We/I parent/guardian of (child's name) \_\_\_\_\_ will not hold the Woodstock Recreation Commission, including its representatives of the Town of Woodstock liable for any injury sustained by our/my child while participating in the Recreational Basketball League sponsored by the Woodstock Recreation Commission. We/I understand all risks associated with the program and will not hold the Town or the Woodstock Recreation Commission liable if my child contracts COVID-19. We/I agree to abide by all State and Federal COVID-19 guidelines followed by this program. If experiencing any symptoms of COVID-19 (examples include fever, cough, shortness of breath, etc.) child will not in the Recreation Basketball League.

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**  
(Parent/guardian)

If serious illness or injury occurs, the student's parents or legal guardians will be contacted. For this reason, it is important to have the parents/guardians address and telephone number on file. Moreover, if the student's parent/guardian cannot be reached, it is important to have authorization to administer appropriate medical action, which might include anesthesia. With this in mind, please complete the section below.

IF IN THE EVENT OF ILLNESS OR INJURY, IF IT NOT POSSIBLE FOR THE HOSPITAL OR A WOODSTOCK RECREATIONAL REPRESENTATIVE TO CONTACT ME, MY PERMISSION IS GIVEN FOR NECESSARY MEDICAL INTERVENTION AND IF NECESSARY, THE ADMINISTRATION OF ANESTHESIA.

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**  
(Parent/guardian)

**Printed Name \_\_\_\_\_**

**I WOULD LIKE TO VOLUNTEER AS A COACH: \_\_\_\_ ASST. COACH: \_\_\_\_**

**Name: \_\_\_\_\_**

***Registration Deadline: December 22<sup>nd</sup>***  
**LATE REGISTRATIONS WILL NOT BE ACCEPTED!**  
**NOTE: T-shirts will not be available to late registrants**